



# San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • (209) 468-0480 Fax • www.sjcera.org

## PERMISSIVE INSTALLMENT PAYMENTS

November 18, 2009

Prepared by: MARIA SANDOVAL

Dear **TIFFANY ANDERSON**:

As a member of SJCERA, and pursuant to statute, you are permitted to redeposit contributions previously withdrawn and/or elect to purchase permissive service credit. Lump sum payments may be paid directly to SJCERA or payment may be done through payroll deductions.

In accordance with your request, we have calculated the amount necessary to receive **GENERAL** credit for the following:

- Prior Temp/Contract
- Public Service
- LOA
- G.C. 31831.3
- Redeposit Prior County
- Military/Merchant Marine
- Military LOA
- Redeposit-DRO

Dates of Service Requested: 7/21/2008-1/4/2009

Total Service Time Credited: 0 years 5 months 16 days

I hereby authorize and understand that this agreement is **binding and irrevocable**. I request that payment be made in the following manner:

Lump Sum \$776.20 (Make checks payable to SJCERA)

Check # \_\_\_\_\_

Trustee-to-Trustee Transfer or Rollover of funds as authorized by both Federal and State Law

Payroll Deduction \$71.64 for 11 biweekly pay periods. The total due including interest is \$788.04

Utilize payroll deductions in the following manner:

After-tax payroll deductions

Pre-tax payroll deductions (Note: A member may not terminate the payroll authorization before completion of payments or termination of employment. Utilization of pre-tax payroll deductions may be subject to IRS 415 test limits (see retirement booklet).

Change from after-tax to pretax deduction.

- ◆ This agreement expires on **12/31/2009**. After this date, an updated request may be furnished by contacting the Retirement Office. **PLEASE RETURN THE SIGNED FORM TO THE RETIREMENT OFFICE.**
- ◆ All payments must be made prior to retirement.
- ◆ This agreement shall remain in effect until all payroll payments are complete or until termination of employment.

Comments: FULL PAYMENT OF THIS PURCHASE WILL GIVE YOU 05YEARS, 00MONTHS, AND 16DAYS OF RETIREMENT SERVICE CREDIT. IF PURCHASED, YOU WOULD BE CONSIDERED VESTED.

Signature \_\_\_\_\_ Date \_\_\_\_\_ 146836  
 Department Name **SJ CO MOSQUITO ABATEMENT** CAPS (Employee) ID # Social Security No.  
 Department No. **4999554000**



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## ROLLOVERS FROM FINANCIAL INSTITUTIONS

Please type or print in ink. Complete this form to request that the San Joaquin County Employees' Retirement Association (SJCERA) accept a rollover. A copy of this form is required for each distribution from each plan or financial institution from which you wish to rollover funds.

|                    |                              |                                       |                               |
|--------------------|------------------------------|---------------------------------------|-------------------------------|
| <b>MEMBER INFO</b> | First Name<br><b>TIFFANY</b> | Middle Name                           | Last Name<br><b>ANDERSON</b>  |
|                    | Work Telephone Number        | CAPS (County ID) No.<br><b>146836</b> | Social Security Number<br>- - |

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ROLLOVER FINANCIAL INSTITUTION INFORMATION</b> | <p>I request that SJCERA accept a rollover of pre-tax funds in the amount of \$_____ from another plan as indicated below to the SJCERA Defined Benefit Program. (SJCERA cannot accept rollovers of post-tax funds.)</p> <p>The type of plan from which I wish to rollover funds is:</p> <p><input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> In-state 457 <input type="checkbox"/> IRA (Traditional or Conduit)</p> <p>SJCERA cannot accept rollovers from Hardship Distribution, minimum required distribution, ROTH, SEP, SIMPLE, or Coverdell IRAs.</p> <p>If you are rolling over a distribution from a conduit IRA, please attach certification from the other qualified plan to substantiate that the IRA funds originated from a qualified plan.</p> <p>Note: If you use 457 deferred compensation funds to purchase service, these funds could be subject to an extra 10% tax penalty upon lump sum withdrawal at a later date. (e.g. This would only occur upon termination of employment and withdrawal of your SJCERA retirement funds, including the 457 funds used to purchase service.) Current law states that lump sum withdrawals from a 457 plan are not subject to an extra 10% tax penalty.</p>                                                           |
|                                                   | <p>_____<br/>Name of Financial Institution</p> <p>_____<br/>Address of Financial Institution</p> <p>_____<br/>City</p> <p>_____<br/>State ( )</p> <p>_____<br/>ZIP Code</p> <p>_____<br/>Name of Contact Person</p> <p>_____<br/>Telephone Number (with area code)</p> <p>I understand that SJCERA will rely on the information contained above in conjunction with the attached SJCERA Permissive Installment Payments Form in determining whether or not to accept the rollover. I certify that such information is correct. I understand that failure to provide accurate information to SJCERA may result in significant penalties from the IRS if my rollover is later found to be invalid.</p> <p>I have read this form and understand its implications. I further verify that the funds to purchase service are not from a disallowed source as listed above. I will also attach an Account Statement from the plan for the source of the funds.</p> <p>I certify that I am not eligible to receive credit or benefits in another public retirement system, excluding Social Security, for the same service that I am purchasing from SJCERA.</p> <p><b>NOTE: FAILURE TO COMPLETE A REDEPOSIT OR SERVICE CREDIT PURCHASE USING ROLLOVER FUNDS MAY RESULT IN A TAXABLE REFUND TO YOU. (Initial here to certify that you have read and understand this statement _____.)</b></p> |

|                  |                                                                       |      |
|------------------|-----------------------------------------------------------------------|------|
| <b>SIGNATURE</b> | PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE SJCERA MAIN OFFICE. |      |
|                  | Signature                                                             | Date |